



Journey Application Form
Deadline: April 30th
Submit to: matt@leadershipmd.org

Delegate Information

Name: _____

Preferred Name: _____

Gender (circle one): M / F

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

T-Shirt Size (circle one): Youth: Small / Medium / Large

Adult: Small / Medium / Large / XL / XXL

Grade Entering in the Fall: _____

Current School: _____

School Entering in the Fall: _____

School Type (circle one): Public / Private / Homeschool/Other

Ethnic Origin (Circle all that apply):

- American Indian / Alaskan Native
- Asian
- Black / African American
- Hawaiian / Pacific Islander
- Hispanic / Latino
- White
- Two or more Ethnicities

Date of Birth (mm/dd/yyyy): ____ / ____ / _____

Delegate Email Address: _____

Delegate Cell Phone: _____ - _____ - _____

Please indicate any special information we should be aware of (circle all that apply):

- Medication
- Medical Condition
- Life – Threatening Allergy
- Allergy
- Asthma
- Special Needs
- Dietary Restrictions
- Other
- None

Have You Previously Attended an MLW program? Yes / No

If “Yes”, which program did you attend? _____

How did you hear about MLW? (circle one)

- Post Card
- School
- Friends
- MASC / Student Government
- Leadership Maryland
- Newspaper / Camp guides
- Former Delegates and/or Staff
- MLW Website
- Facebook
- Camp Fair
- Other

Sponsorship Information

Are you receiving a sponsorship (meaning your tuition is being partially or fully paid for by someone else) from your school or other organization? (circle one) Yes / No

If "Yes", please complete the information below:

Sponsored to attend MLW by: _____

Amount of sponsorship: _____

Contact Name for Sponsorship: _____

Email for Sponsorship: _____

Phone for Sponsorship: _____ - _____ - _____

Medical Questionnaire

We require all applicants to complete and submit all Medical forms. If the Medical Authorization forms do not pertain to your child, there will be a "No Medications" form that must be completed and submitted to us. All applicants must complete the "Standing Orders" form.

Emergency Contacts

Please indicate two individuals, who are **NOT** the delegate's primary/secondary parents/guardians, who we can contact in the event of an emergency, should we be unable to contact the primary/secondary parents/guardians.

Primary Emergency Contact: _____

Relation to Delegate: _____

Primary Phone: _____ - _____ - _____

Secondary Phone _____ - _____ - _____

Secondary Emergency Contact: _____

Relation to Delegate: _____

Primary Phone: _____ - _____ - _____

Secondary Phone: _____ - _____ - _____

Healthcare Provider Contact Information

Delegate's Physician: _____

Physician Phone: _____ - _____ - _____

Physician Address: _____

Name of family dentist/orthodontist: _____

Dentist/Orthodontist Phone: _____ - _____ - _____

Dentist/Orthodontist Address: _____

Health Information

Does your child have any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of? (circle one)

Yes / No

Please explain any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of:

Does your child have any medication allergies? (circle one) Yes / No

Please explain any medication allergies:

Does your child have any food or other allergies? (circle one) Yes / No

Please explain any food or other allergies:

Does your child have dietary restrictions or other needs? (circle one) Yes / No

Please explain any dietary restrictions or other needs:

Immunization Information

Does the delegate reside within the United States? (circle one) Yes / No

If “Yes”, please complete the information below:

State / Territory where the delegate resides: _____

Is the delegate exempt from immunizations? (circle one) Yes / No

If “Yes”, please list them: _____

If “No”, please provide the country in which the delegate resides: _____

Please Note:

All International Delegates are required to complete and submit an International immunization form, available through this URL:

https://phpa.health.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/MDH_896_form.pdf

All completed forms should be submitted to matt@leadershipmd.org

Insurance Information

Is the delegate covered by medical/hospital insurance? (circle one) Yes / No

If “Yes”, please complete the information below:

Insurance Company: _____

Insurance Phone Number: _____ - _____ - _____

Policy Number: _____

Group Number: _____

ID Number: _____

If “No”, please read and sign the section on the next page:

There is no medical insurance in effect to cover my above-named son/daughter for any illnesses, injuries, or other adverse health outcomes that he/she may experience. I, therefore, hereby agree to assume direct and complete financial responsibility for any and all medical care of any kind that my above-mentioned son/daughter receives while attending Maryland Leadership Workshops, Inc.'s 2018 summer residential leadership programs.

Further, I hereby agree to reimburse Maryland Leadership Workshops, Inc. for any and all costs, medical expenses, and other sums that Maryland Leadership Workshops, Inc. advances that relate to the medical treatment of my son/daughter while he/she is attending Maryland Leadership Workshops, Inc.'s 2018 summer programs.

Parent/Legal Guardian Signature	Printed Name	Date
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Scholarship Information

If applying for a scholarship, please contact matt@leadershipmd.org to obtain a scholarship application. This program application must be completed first, along with payment of the \$25 deposit. Scholarship funds are limited.

Parent/Legal Guardian Employment Information

Primary Parent/Guardian employer: _____

Secondary Parent/Guardian employer: _____

Behavioral Questionnaire

Please note that MLW does not provide programs that are rehabilitative or therapeutic in nature and does not have the resources to serve children with special needs, including children with severe emotional, social, or behavioral difficulties. Campers must be able to properly care for their own hygiene, live cooperatively with other campers and staff, and actively participate in camp activities. That being said, we do understand that every child is unique. The following section asks for information that is important for us to ensure your child has a successful week at MLW. Your answers to these questions ARE NOT a factor in the acceptance of your child into our program. Please be honest and forthright so that our staff can best prepare to work with your child.

Does your child have health (or other) issues that affects them on a daily basis? If so, what do we need to know?

Has your child recently been hospitalized? If yes, please explain:

Has your child ever been away from home without family for a week? (circle one) Yes / No

Does your child relate easily to others, or is that often a challenge?

Does your child enjoy participating in large group activities? Or are they happier being alone/in small groups?

When your child is frustrated, angry, upset or sad, how do they handle these emotions?

What techniques are successful for handling inappropriate behaviors by your child, should those behaviors arise?

Describe your child's personality. What do they enjoy/not enjoy doing?

Custodial Information

Does anyone other than the adults listed in this application have permission to pick your child up from camp? (older siblings, extended family members, friends, etc.)

(circle one) Yes / No

If "Yes", please enter the names and phone numbers of up to 3 authorized persons below:

Authorized Person 1 Name: _____

Authorized Person 1 Phone Number: _____ - _____ - _____

Authorized Person 2 Name: _____

Authorized Person 2 Phone Number: _____ - _____ - _____

Authorized Person 3 Name: _____

Authorized Person 3 Phone Number: _____ - _____ - _____

Is there an issue over custody of the delegate? (circle one) Yes / No

If "Yes", please explain the issue over custody. Be as thorough as possible so there is no confusion while your child is in our care:

Parent/Guardian Information

Primary Parent/Guardian

Name: _____

Address: _____

Date of Birth (mm/dd/yyyy) : ____ / ____ / ____

Email Address: _____

Home Phone Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

Business Phone Number: _____ - _____ - _____

Secondary Parent/Guardian

Name: _____

Address: _____

Date of Birth (mm/dd/yyyy) : ____ / ____ / ____

Email Address: _____

Home Phone Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

Business Phone Number: _____ - _____ - _____



Waivers

Parents/Guardians must read, sign, and submit.

Attendance and Refund Policies

The following refund schedule applies for delegates who cancel their registration.

- Cancellations before May 1st, will receive a \$500 refund.
- Cancellations between May 1st and June 1st, will receive a \$300 refund.
- Cancellations after June 1st cannot be refunded.
- Refunds will be issued by September 30th.

All necessary items for a complete application, with the exception of the signed medical forms, must be received within **2 weeks** of your application submission. Medical forms are due by June 1st. Your reserved space in the program may be forfeited in order to make room for the delegates who are on the waiting list if material is not received by the deadline.

Students participating in MLW's summer programs must participate in the entire week-long residential experience. Students will not be permitted to arrive at the program late or depart early. Unfortunately, refunds cannot be made to students who, for unexpected health or other reasons, must leave the program early. MLW reserves the right to expel without refund any student who violates MLW's Rules and Expectations, violates Maryland State law, or for other cause.

Permission to Apply and Attend

I hereby grant permission for my child to apply to and participate in this program. I accept and assume any and all risks associated with his/her attendance and participation in the program and its activities. I understand that my child should not attend the camp if he/she is not healthy. I understand that my child must abide by program policies and the instructions of program staff. I permit my child and his/her image to be involved in activities and media events that are designed to promote the benefits of Maryland Leadership Workshops and its partners, including but not limited to photographs, videotapes, posting images on the MLW website, facebook page, Twitter, Instagram and other social media, newsletters and press releases. Additionally, I hereby grant permission for MLW to share the name and contact information of my child with other participants in MLW programs, local school system personnel, Leadership Maryland, and other partners. Knowing these facts, I, for myself, my child attending the program, and anyone else who might claim on my or my child's behalf, hereby agree that MLW is not responsible for lost or stolen items, accidents, injuries, and/or medical or dental expenses arising from my child's participation in the program and, accordingly, I covenant not to sue, and waive, release and discharge MLW and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to my child's participation in the program. I have carefully read all of the information in this application form and agree to all conditions.

MEDICATION AND HEALTH CARE RELEASE

I give permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my son/daughter, and also permit such procedures to be carried out at, and by, local hospital(s) in the event that my son/daughter is taken there for emergency care. I agree to the release of any records necessary for insurance purposes. I grant permission to Maryland Leadership Workshops, Inc. to arrange any related transportation necessary to care for my child. I understand that any medical expenses will be directly billed to my insurance company or me. I certify that all medical and health history information provided in this application is complete and accurate to the best of my knowledge. I hereby release and hold harmless Maryland Leadership Workshops, Inc. and its agents, servants, contractors and employees from any and all liability that may result from medical care of my son/daughter. I further certify, that unless indicated on the Delegate Medication Form, my son/daughter is capable of self-administering any prescribed medication(s) and I assume all responsibility and liability stemming from my decision to have my child self-administer medication(s).

In the event that there is no medical insurance in effect to cover my above-named son/daughter for any illnesses, injuries, or other adverse health outcomes that he/she may experience. I hereby agree to assume direct and complete financial responsibility for any and all medical care of any kind that my above-mentioned son/daughter receives while attending Maryland Leadership Workshops, Inc.'s 2018 summer residential leadership programs. Further, I hereby agree to reimburse Maryland Leadership Workshops, Inc. for any and all costs, medical expenses, and other sums that Maryland Leadership Workshops, Inc. advances that relate to the medical treatment of my son/daughter while he/she is attending Maryland Leadership Workshops, Inc.'s 2019 summer programs.

I have read and understand the policies, expectations, and rules stated above and acknowledge that violation of any of these rules may result in dismissal.

Delegate First and Last Name: _____

Parent/Guardian First and Last Name: _____

Parent/Guardian Signature: _____ Date: _____

DELEGATE BEHAVIORAL AGREEMENT

MLW is a safe, caring community where individual differences are valued, where people are supported in reaching their goals and accomplishing challenges, and where everyone can have fun. Because creating such a community requires the commitment of all participants, we ask everyone to agree to the behavior expectations listed below. Delegates and parents/guardians should review and discuss these guidelines together, then sign and date at the bottom.

- I will respect other people's ideas and values, even if they are different from my own.
- All of my actions and language will have a positive impact on others in the MLW community.
- I understand that any behavior that could harm (physically or emotionally) a delegate or staff member, or which is disrespectful, is unacceptable in the MLW community.
- I will take care of myself by getting plenty of sleep, by eating well, and by maintaining my personal hygiene (by showering and changing into clean clothes regularly, brushing my teeth, and washing my hands often.)
- I will make the most of learning opportunities at MLW by participating fully in camp activities, and I will try new things and have a positive attitude.
- I will not allow exclusive relationships (like those with friends from home or school) to prevent me from getting to know other people at camp, or from including others in activities.
- I will stay with a buddy when moving around camp and always ask a counselor before leaving the group.
- I understand that the possession and use of tobacco, alcohol, vaping devices, or illegal drugs is prohibited. I will not have/use these at camp.
- I understand that fireworks, firearms, pocket knives, other weapons, as well as any dangerous materials are not allowed. I will not bring these to camp.
- I will abide by all safety standards explained by the staff and I understand that leaving the UMBC campus is prohibited. I will stay with my team.
- I understand that ALL delegates must be in their dorm rooms from lights out until activities begin the following morning, unless under the direct supervision of camp staff. I will stay in dorm room at night.

Delegate Behavioral Agreement, Cont.

- I understand that physical and emotional bullying or violence will result in my immediate dismissal from camp. If I am dismissed from camp, my tuition is forfeited, and my parent/guardian is responsible for picking me up immediately. My behavior at camp will not include violence or bullying.

If a delegate has difficulty following MLW's behavior expectations, MLW staff will:

- remind the delegate of expected behavior;
- review the Behavior Agreement above;
- discuss ways staff members can support the delegate in making necessary behavior improvements.

Continued inappropriate behavior or severely inappropriate behavior (such as physical or emotional violence, bullying, or possession of prohibited items) will result in immediate dismissal from camp and forfeiture of camp fees. The parent/guardian is responsible for picking up a dismissed delegate immediately.

Delegate First and Last Name: _____

Delegate Signature: _____ Date: _____

Parent/Guardian First and Last Name: _____

Parent/Guardian Signature: _____ Date: _____

MLW PACKING LIST

- Enough comfortable, weather appropriate clothing for the week. Your clothes for the week should be school-appropriate; if you wouldn't be allowed to wear it at school, please do not bring it to MLW. MLW staff and delegates all wear casual, comfortable clothing. It's a good idea to bring shorts, t-shirts, jeans, sneakers, and a sweatshirt, as we'll be doing activities both inside the air conditioning and outside in the summer heat.
- There will be a variety show/showcase that delegates will plan and implement. Please bring any instruments, equipment, or anything else that will help you share your talent with the rest of the MLW community, if you like.
- Sheets for an extra-long twin bed (and/or a sleeping bag) and a blanket (the dorms are air conditioned so it can get cold)
- Pillow
- Towels – bath towel, hand towel, wash cloth
- Toiletries (don't forget a toothbrush, toothpaste, hand soap, shower soap, and deodorant)
- Shower Shoes
- A rain jacket/umbrella
- Alarm Clock
- Pens or pencils
- Reusable water bottle
- Small backpack or drawstring bag to carry guidebook, pens, etc.
- Athletic equipment for recreation time
- Light snacks and drinks for evenings (optional – MLW will also provide).
- An outfit (shorts, tshirt, old shoes) that can get wet and dirty
- One business casual outfit
- Sunscreen and Bug Spray, as we do activities outdoors during the day and in the evenings.



Journey

Recommendation Form

Follow this link to access the form online:

<https://goo.gl/forms/TZs3kKYdVyZAgfpW2>

Please send completed Recommendation forms to: MLW, c/o Leadership MD, 134 Holiday Ct. Suite 318, Annapolis, MD 21401, or fax to (410) 841-2104, or by email to matt@leadershipmd.org

To be completed by the applicant:

Delegate (Applicant) Name: _____

MLW Program (circle one): MSEL SHW Journey Grade Entering in Fall: _____

Recommender Name: _____

To be completed by the Recommender:

Phone: _____ - _____ - _____ Email Address: _____

Relationship to Student: _____

To The Recommender: Thank you for taking the time to complete this form. The MLW staff works hard throughout the spring and summer to create a meaningful experience for the group and each participant. Your insights are very useful in this process. Please respond to the following questions. You may attach additional pages if necessary (please include student name at the top of additional pages).

1. Please identify why you believe the above student will benefit from MLW's residential leadership program.

2. Please describe the leadership skills and characteristics that you believe the above student possesses

3. Please state how the MLW residential leadership program community will be enriched by the above student's participation.

Signature: _____

Date: _____

Journey Application

Student Leadership Insights Questionnaire To be completed by applicant: Please type or write neatly - in blue or black ink - your answers the following questions. You may attach more pages if necessary. Be sure to include your NAME and GRADE ENTERING IN THE FALL at the top of the page(s).

Delegate First and Last Name:

Date: ___ / ___ / ____

1. Why are you interested in attending Journey at Maryland Leadership Workshops?
2. Tell us about yourself. What are your interests/hobbies? How do you like to have fun? What talents do you have or activities are you involved in?
3. Describe a situation where you have exhibited or witnessed effective leadership. What qualities, characteristics, or actions did the leader, or you, display that stood out to you?
4. What issues do you feel are important to 7th, 8th, and 9th grade girls? What ideas do you have to help face them?
5. Describe a few of your strengths.
6. What areas of growth, as a young, female leader, are you looking forward to focusing on while attending Journey at MLW?

Medical Forms

I. INSTRUCTIONS FOR PARENTS

- MLW will have an on-site nurse, and will also have some over-the-counter medications on hand for occasional use (see the Over the Counter Medication Permission Form).
- If your child will not be bringing any medication to MLW, please skip to the “**No Medications**” form.
- If your child requires any medications other than those on the Over the Counter Form - including prescription drugs, vitamins, or supplements - you and your provider must complete and sign one Medication Administration Authorization Form for each medication.

Please print this page of instructions and bring it to your child’s doctor, along with the form on the next page. Remember to print one form for each medication your child will be bringing to camp.

- You must complete boxes 15a – 15f
- If your doctor completes boxes 16a – 16c, you must also complete 17a – 17c in order for it to be valid.

II. INSTRUCTIONS FOR PROVIDERS

Please complete one Medication Administration Authorization form for each medication the child will bring to camp.

- **SELF-ADMINISTRATION** – MLW will have a nurse on-site 24/7, and camper medication is kept locked in the office. When campers need to take their medication, they come to the camp office where the nurse can either administer or, with parent and provider approval, oversee self-administration. **To expedite medication administration, it is our goal to have as many campers as possible be approved for self-administration, whenever appropriate.** If the child is approved for self-administration, please sign Box **16a** and date Box **16c**. Please note that Self Administration does NOT equate to Self-Carry.
- **SELF-CARRY** - MLW only allows self-carry if box **16b** on the attached form is checked “Yes” by the you, and box **17b** is also checked by the parent. Otherwise, camper medicine is collected at check-in and kept locked in the office. Please note that those who self-carry must also be approved for self-administration.

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ MonthDay Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES -if yes, see Section III below. <input type="checkbox"/> NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR.		12a. FROM ____/____/____ MonthDay Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
14a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>		14b. DATE	

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, as listed in 15c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. PRESCRIBER'S SIGNATURE authorizing self-administration	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self-administration	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. DATE

No Medications Confirmation Form

I hereby acknowledge that by signing below I am confirming that my child will not be bringing any medications, vitamins, or supplements on site. I also confirm that should my child's medical situation change, and they will need to bring one of the aforementioned items with them for their week at MLW, that I will contact MLW immediately to notify them of the change, as well as submit a fully completed "Medication Authorization Form" for each item they will need to bring. I also acknowledge that, by signing this form, should my child arrive at camp with one of these aforementioned items without a completed form, my child will not be allowed to take them until a completed form (including provider's signatures) has been obtained by MLW.

Child's Name (Print): _____

Parent/Guardian's Name: (Print): _____

Parent/Guardian's Signature: _____

Date: _____

MLW DELEGATE MEDICAL FORM –Over the Counter Medication Form

The delegate will only be allowed to have OTC medicine and self-administer medication on an as needed basis if this form is filled out correctly and in our files. Therefore, please fill this form out completely, sign at the bottom, and return to MLW (or upload to your online account) by May 15th. THESE MEDICATIONS WILL BE STORED IN THE MLW OFFICE, and delegates can request to take them as needed.

Program:	ALS	MSEL	SHW	Journey	Delegate Name: _____
				Delegate's Age: _____	Delegate's Weight: _____

Drug Name Generic may be substituted for brand name	Route/How it is taken	Dosage & Schedule (per label instructions by age/weight, unless otherwise indicated)	Indications	Parent/Guardian/ Health Care Provider Permission (circle one)	Things to be aware of when on this medication/Comments
Tylenol (or generic)	PO (chewable, elixir, or tabs) PR (suppository)	Per label Instructions	Pain or Fever	Yes or No	
Ibuprofen	PO (chewable tabs, suspension, or tablets)	Per label Instructions	Pain or Fever	Yes or No	
Robitussin (or generic)	PO (syrup)	Per label Instructions	Cough	Yes or No	
Pepto-Bismol (or generic)	PO (liquid or chewable tabs)	Per label Instructions	Upset stomach, Diarrhea	Yes or No	
Kaopectate (or generic)	PO (liquid or tab)	Per label Instructions	Diarrhea	Yes or No	
Tums (or generic)	PO (chewable)	Per Label Instructions	Upset stomach	Yes or No	
Children's Mylanta (or generic)	PO (chewable)	Per label Instructions	Upset stomach	Yes or No	
Imodium (or generic)	PO (liquid)	Per label Instructions	Diarrhea	Yes or No	
Sudafed (or generic)	PO (tabs or liquid)	Per label Instructions	Nasal congestion, Eustachian tube congestion	Yes or No	
Zyrtec/Claritin (or generic)	PO	Per label Instructions	Seasonal allergy symptoms	Yes or No	
Dramamine/Bonine (or generic)	PO (chewable/regular tabs)	Per label Instructions	Motion Sickness	Yes or No	
Dimetapp (or generic)	PO (elixir or tabs)	Per label Instructions	Nasal congestion, Season allergy	Yes or No	
Benadryl (or generic)	PO (elixir, chewable, tab, or pills); topical ointment	Per label Instructions	Allergic reactions (hives, insect bite, allergies)	Yes or No	
Antibiotic ointment	Topical	Per label Instructions	Superficial cuts/abrasions	Yes or No	
Hydrocortisone Cream	Topical	Per label Instructions	Allergic reactions, contact dermatitis, insect bite	Yes or No	
Calamine Lotion	Topical	Per label Instructions	Allergic reaction (insect bite, hives)	Yes or No	

I, _____ (parent/guardian name), give permission for my child to take the medications listed "YES" above and my child has taken at home at least 1 dose of the medication(s) listed as "YES" above.

I do NOT want my child to take the following medications: _____

Parent or Legal Guardian's Signature _____ **Date** _____